ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE				
FEE DETERMINATION	RM		12-04-01				
O.I.P.E. CLASSIFIER		49	12/14/01				
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RESPONSE FORMALITY REVIEW			, , , , , , , , , , , , , , , , , , , ,				

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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